



Request for Ombuds-support / mediation

Under the aegis of the Swiss Chambers' Arbitration Institution (SCAI), in accordance with the
Rules of Mediation for Financial Service Disputes

To be filled and sent by post or email dated and signed to the

**Swiss Chambers' Arbitration Institution, c/o CCIG, 4 Boulevard du Théâtre, Postal Box
5039, CH-1211 Geneva 11- email: geneva@swissarbitration.org**

Or

**Swiss Chambers' Arbitration Institution, c/o ZHK, 11 Löwenstrasse 11, Postal Box, CH-
8021 Zürich- email: zurich@swissarbitration.org**

The undersigned financial service customer/s

Family/Company Name _____ Address _____

First Name _____ Place _____

Email _____ Phone _____

Affiliated to SCAI as Mediation Organ :

- Individually
- Through the following Association of Financial Service Providers: _____

Has/have a complaint against

Name of the financial service provider _____

Branch _____

Involving documents and information in the

Name of the bank _____

Branch _____

**Other information**

Description of any desired qualifications of the Ombudsperson (if available) : _____

Language of the mediation _____

Registration fees

- I confirm that I have paid the registration fees of **CHF 100.-** to the following account and took note that these are not reimbursable:

Bank	UBS Switzerland AG
Beneficiary/Account Holder	Swiss Chambers' Arbitration Institution
IBAN	CH280024024094403401V
Account number	944034.01V
BIC	UBSWCHZH80A
Reference	[Names of the parties] – Financial Mediation

- If there are other persons or entities who would like to join me as a Requesting Party in this mediation, they shall each pay a registration fee of CHF 100.- on the same bank account.

Further Confirmations:

- I took note of the following information: The Ombudsperson does not act as an attorney, but as a mediator. Invocation of the Ombudsperson does not impede or interrupt legal deadlines such as statutes of limitations, forfeiture-, court- or administrative time limits, and it is my responsibility that such time limits are respected and adhered to.
- These proceedings will be conducted in accordance with the Rules of Mediation for Financial Service Disputes in force at the time of submission of the request.

Place

Date

Personal/
Company Signature

If there are counsels involved, please fill in their contact details on the next page.

If other parties request to take part to the mediation, please complete Annex 1 of this form



Contact details of the counsels (if any)

Counsel/s of the undersigned financial service customer/s

Family Name _____ Address _____
First Name _____ City _____
Company _____ Phone _____
Email _____

Counsel/s of the financial service provider

Family Name _____ Address _____
First Name _____ City _____
Company _____ Phone _____
Email _____

Counsel/s of the bank

Family Name _____ Address _____
First Name _____ City _____
Company _____ Phone _____
Email _____



Annex 1: Multiparty mediation

Contact details of the other Requesting Party/ies:

Requesting Party 2

Family/Company Name _____ Address _____
First Name _____ Place _____
Email _____ Phone _____
Place _____ Date _____
Personal/
Company Signature _____

Requesting Party 3

Family/Company Name _____ Address _____
First Name _____ Place _____
Email _____ Phone _____
Place _____ Date _____
Personal/
Company Signature _____

Requesting Party 4

Family/Company Name _____ Address _____
First Name _____ Place _____
Email _____ Phone _____
Place _____ Date _____
Personal/
Company Signature _____